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Title: Post-modern synergistic knowledge creation: extending the boundaries of Disability Studies

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Abstract

The tensions between the competing discourses of the medical and the social models of disability have traditionally provided a platform for discussion and research in the fields of disability studies and special needs education. Over the last thirty years, a wealth of literature has consolidated the debate and produced particular knowledge of impairment and disability. In this paper we argue that by privileging notions of “deficit” within these medical or social model perspectives the richness of the lived experience of people with impairments is denied. The individual becomes lost within a framework of medical symptoms or social inequalities. This paper considers alternative approaches which reveal a fuller picture of the lives of people with impairments. The authors conducted two separate empirical studies, one employing a Deleuzoguattarian perspective, the other a Bourdieusian perspective. In this paper we illustrate how these theories of practice can reveal situated understandings of the individual with impairments and his/her daily life. By embracing new understandings and different theoretical perspectives, we show how new knowledge can emerge to illuminate the fluid and ever-changing notions of “disability”, “inclusion” and “exclusion”, which form elements of the individual lived experience of the research participants.

Key Words: Deleuze, inclusion, PMLD, Bourdieu, post-modern, narratives

Word count: 6,991

Traditional Narratives in Disability Studies

Knowledge of, and about, disabled people, within and outside of educational settings traditionally relies on two competing discourses: the medical and the social models of disability (see, for example, Tregaskis, 2002; Shakespeare, 2006; Oliver, 1998; Barnes, 2002; Fougeyrollas and Beauregard, 2001). The medical model, as a pathologising gaze, understands human beings in relation to a normalised view of ability - an ideal type - which in turn regards those with impaired ability as abnormal, burdened with difficulties resulting from organic dysfunction requiring expert help in order to ameliorate undesirable effects (Finkelstein, 1998; Devliger, 2005). In contrast, the UK disability lobby has argued for a social model understanding which reconceptualises disability and sees it as a product of structural and environmental inequities and not simply an attribute of individual impairment (see, for example, Finkelstein, 1998; Oliver, 1990; Barnes, 2003; Tregaskis, 2004; Fougeyrollas and Beauregard, 2001). Such a model argues for a case of accessibility, requiring the removal of environmental 'barriers' to educational (and other) opportunities which in turn diminishes the debilitating effects of society. Over the last thirty years, a wealth of literature has been published discussing these dominant gazes which in turn have produced particular knowledge of impairment, disability and special educational needs.

Alternative Approaches

The 'traditional narratives' of disability presuppose two conflicting (dichotomous) paradigms. Our concern is that a discursive approach leads to what Foucault calls 'strategies, technologies and programmes' which exercise power/knowledge relationships.

'Every programme (...) either articulates or presupposes a knowledge of the field of reality upon which it is to intervene and/or which it is calculated to bring into being (Gordon, 1980: 245-249).

A 'post-modern' approach challenges the presuppositions of a 'knowledge of the field' by posing knowledge of alternative discourses to reconfigure the field – the assumption here is that, through such a challenge, different strategies, technologies and programmes may be found which can alter the life patterns of people called 'disabled'.

We argue that by privileging specific discourses in relation to disability research, knowledge relating to inability has been foregrounded whilst notions of personhood and individual identity have often been lost. In order to redress the balance, we propose multi-situated understandings of the lives disabled people lead which move away from this epistemological reductionism. To demonstrate new ways of thinking about disability, we present two empirical studies that apply alternative analytical frameworks: a Deleuzoguattarian perspective and a Bourdieusian perspective. The implications for practice that emerge as a consequence of applying these analytical frameworks are also discussed.

Becoming Sam

The first study being reported is one that was concerned with inclusive education and applied Deleuzoguattarian (1988) concepts to empirical data in order to explicate the underlying complexities that began to emerge during the research process. The application of Deleuzoguattarian philosophy is not new. Recently, Goodley has published work that considered the implications of such philosophy for the parents of disabled babies (2007a) and for experimenting with socially just pedagogies (2007b); Markula

(2006) has written about attempts to reconfigure dance performance in a way that subverts the traditional virtues of the feminine body; whilst Hickey-Moody and Rasmussen (2008) have considered how such philosophy allows for a reconceptualisation of sexuality. However, to date, nobody has explicitly applied Deleuzoguattarian philosophy to children described as having Profound and Multiple Learning Difficulties (PMLD). PMLD is a label used to identify children who are understood as being pre-volitional [they do not move with intent] (Logan et al., 2001); pre-intersubjective [they do not represent others as subjective beings]; pre-communicative [they are pre-symbolic and cannot convey meaning to others] (Coupe O’Kane and Goldbart, 1998); pre-contingency aware [they do not show awareness of cause-effect relationships] (Ware, 2003); stereotypic in behaviour [they display reflexive, non-volitional behaviour] (Tang et al., 2003); and who are at high risk of living in a world of confusion (Cartwright and Wind-Cowie, 2005; Ouvry 1987). This “pre-X symptomology” is the starting point for what may be termed “PMLD Studies”, where a significant body of literature is dedicated to overcoming the aforementioned developmental hurdles through approaches derived from the paradigms of developmental psychology and behaviourism. There is much to be praised here. Academics and teachers alike have forged new methodologies for assessing, teaching and adapting curriculums for children with PMLD. However, in our view, new ways of understanding the lives of such children is long overdue. We must embrace new theoretical ideas beyond those currently advanced by PMLD Studies to fully capture and appreciate the richness of the lives of people who are labelled as having PMLD, and with this in mind we present the first study.

The Study

The context for this discussion revolves around Sam, a young boy who participated in a research project that aimed to illuminate the ways in which mainstream education can benefit children who are traditionally educated in special schools. Specifically, the aim of

the project was to further our understanding of peer engagement for Sam. For example, we explored whether alternative educational contexts offered qualitatively different opportunities for peer engagement and how these differences could lead to new learning opportunities. For over three years Sam spent one day a week at his local mainstream primary school, and for the rest of the week attended a special care class in a neighbouring city's special school.

The research methodology was interpretivist and consisted of three inter-linked elements. This is not the place to go into great detail, but further information related to the methodology can be found elsewhere (see Bayliss, 2004; Bayliss and Simmons, 2005; Simmons and Bayliss, 2005). To summarise, firstly a series of semi-structured interviews took place in order to gather the views of significant others (parents, teachers, teaching assistants etc) who knew Sam well in order to grasp interpretations of others and direct initial observations. Second, extended periods of participatory observations were undertaken where a researcher effectively acted as a teaching assistant for Sam once a week in his special school and once a week in his mainstream school. Finally, periods of non-participatory observation were undertaken. It was during these moments that most data was accrued through vignette writing and it is this data which will be discussed shortly. The production of vignettes essentially involved writing in great depth about small events in Sam's school life, particularly where opportunities for social interaction emerged. Dozens of vignettes were recorded each day both in Sam's mainstream and special school settings over the space of a year. The quantity and richness of the vignettes allowed the researchers to submerge themselves in the data in order to look for common themes. Below is a summary of this level of analysis.

Sam's level of social engagement varied significantly depending on which school he attended and which type of communication partner was accessible to him. In his special school, Sam's main communication partners were classroom staff and school therapists who supported Sam during lessons and therapy-based sessions. Sam was happy with the adults in his special school, although things were done to Sam by adults (e.g. personal care, therapy-based sessions, sensory stimulation etc) which he clearly enjoyed. Below is an example of a vignette capturing this typical special school behaviour – Sam is happy to be the passive recipient of the massage, but does not attempt to manipulate the massager himself as the support assistant intended.

Vignette 1: Passive Sam in his special school

“Sam is sitting in his chair. An LSA is kneeling in front of him with a hand-held, electric massager. The massager is attached to a switch, and every time the switch is pressed the massager vibrates noisily. The LSA presses the switch and the vibrations begin. The LSA does not touch Sam with the massager but the noise is loud and unusual enough to grab his attention. His gaze quickly shifts away from the open window to the massager, eyebrows raised, eyes on the device and mouth open. He is still, but focused...She rubs the massager against Sam's arms and Sam chuckles, his eyes roll back and he is grinning and still...”

It was extremely rare to see Sam interacting with his special school peers. When opportunities did arise (i.e. when the children were located close to Sam), Sam did not attempt to initiate interaction or respond to potential initiations from other peers. The general opinion of the classroom staff was that Sam was unable to recognise the subtle communicative abilities of his peers and as such he was largely passive and distant around them. However, in his mainstream school, Sam's communication partners consisted of

classroom assistants and peers, and he was incredibly socially active. Sam reached out to other children very regularly and engaged with others. Instances of Sam interacting with adults were recorded. However, Sam reached out to and engaged with his mainstream peers much more than he did with the adults from either schools. During the first two terms Sam often attempted to initiate interaction by making eye contact, grabbing other children (their arms, legs, hair etc), leaning on them (especially during carpet time) or by simply holding on to them. Reciprocal peer-engagement was often observed, with Sam and his peers mimicking one another and waiting in anticipation for each other's response and often giggling together. Peers often attempted to initiate interaction with Sam by talking to him, holding his hand and sharing items with him (i.e. their toys). Sam responded back enthusiastically. The vignette below captures these qualities:

Vignette 2: Sam engaged with a peer in his mainstream school

“PE in the hall. The children are sat down on the cold floor with a partner. Sam is facing one of his friends. Their legs are tangled together (Sam has his left leg under her right leg, and his right leg over her left leg). Happy sounds from Sam. He looks at her face, claps and flaps his arms and tries to wiggle his legs. Big smiles from both. Sam shouts: *‘Oooooohwaaaaa, buggabuggabugga!’*, puts his hands on the floor and arches his back and groans. The girl pulls him up so he is facing her again. Sam claps and lets his hands fall on his lap. The girl copies Sam. Sam chuckles and claps again. The girl repeats. Sam exclaims once more: *‘Ooooohwaaaaaa’* (lots of happy sounds come from him). It’s time to change partners so the girl gets up, says ‘bye’ to Sam and leaves...”

In the third term, Sam’s attempts to interact with his mainstream peers became more ‘socially acceptable’. He was much more gentle (e.g. he pulled the other children’s hair much less), gave children hugs (rather than grabbing and firmly holding onto them), made

more eye contact and for longer periods of time, and stroked or placed his hands on others if he wanted attention. Sam began behaving in the way that other children were encouraged to behave towards him, showing an increased awareness of socially desirable communication skills. By the end of the term more children were approaching Sam and those that were shy of him in the first term became increasingly confident and engaged with him. The children provided a wealth of opportunities for Sam to communicate with others and practice his communication skills – a task he embarked on enthusiastically.

There was also a marked increase in the frequency and quality of Sam's engagement with his special school peers in the third term indicating a transference of communication skills. Sam exhibited some of his mainstream communicative behaviours in his special school, i.e. he started to crawl over to his peers, hug and gently stroke them. On several occasions his peers indicated their pleasure in Sam's affection by giggling, hugging him back or indicating that they wanted more in their own idiosyncratic ways. Sam sometimes recognised these cues for more and continued to show affection:

Vignette 3: Sam engaged with a peer in his special school

“Sam is sitting on the carpet, one of his peers is lying on his back. The boy is twisted so he is facing Sam and his feet are touching Sam's legs. He is happy and giggling. Sam looks down at the boy, shuffles closer, hugs him gently, kisses him on his cheek and sits back up again. The boy looks surprised, but then giggles louder and raises his arm indicating 'more'. Several seconds later Sam bends down and kisses the boy again and more giggles are heard...”

Despite Sam's increased social engagement in his special school, the amount and duration of mainstream interactions was much greater. Further, the quality of these mainstream

interactions was markedly different with many examples of emerging proto-imperative behaviour, that is, behaviour involving interactions with people with objects. Sam showed an increased interest in his peers' involvement with objects. When a peer ceased using an object, Sam would often pick up the item and explore it himself (visually, orally and/or kinaesthetically with his hands) and sometimes attempted to interact with the peer after his exploration of the object.

The data was startling. Sam shifted in unexpected ways. He was showing us that, in certain contexts, he was capable of behaving in ways that contradicted his PMLD definition – the pre-X symptomology (he could be symbolic, communicative, volitional, contingency aware...). It was at this point that a new analytical framework was sought to help us understand what we were seeing. Through the language of Deleuzoguattarian philosophy we found a way of conceptualising the complex shifts in behaviour, these new modes of existence that emerged during the research process. Two concepts are particularly beneficial here: the “rhizome” and the “plane of consistency”.

Deleuzoguattarian Analysis

Let us start this analysis with the notion of a “rhizome”. A rhizome describes the connections and links that occur between people, objects, events and places, between what Colman (2005) describes as the most disparate and the most similar. The rhizome is natural – it can be found in plant life – and contrasts with the arborescent. Where arborescence describes the hierarchical, linear, dichotomous structure of trees that root deep, grow horizontally and branch out creating division and space, the rhizome describes the structures of weeds – a form of plant that is interconnected and multiple, forever growing and changing, shifting and moving. It can extend itself through the earth, proliferate and create new life. As Deleuze and Guattari (1988) describe: “A rhizome has

no beginning or end; it is always in the middle, between things, interbeing, intermezzo. The tree is filiation, but the rhizome is alliance, uniquely alliance. The tree imposes the verb 'to be', but the fabric of the rhizome is the conjunction, 'and ... and ... and'" (p. 27). Hence, a rhizome is creative, and rhizomatic creating is one of perpetual transformation and movement. As Goodley (2007b) discusses, through the concept of a rhizome: "[t]he disabled learner is no longer a lacking subject nor a fixed entity. She is ever moving. A body no longer embodied. She is rhizome" (p. 324). How does the concept of rhizome relate to Sam? Sam becomes decentred (Bayliss, 2004). He is no longer the static collective "PMLD" that exhibits the pre-X symptomology (pre-symbolic, pre-communicative, pre-intersubjective...). Rather, Sam resists "being PMLD", he shifts and moves with the world, he connects and interconnects, flourishes in different ways depending on rhizomatic configurations, and withers when the rhizomes are severed. The language of PMLD Studies situates Sam in a model of arborescence, where his development is judged against the normative, linear, hierarchically organised benchmarks of child development (before you can communicate, you must be symbolically representational, before you are symbolically representational, you must be contingency aware...). When Sam is situated within arborescence he becomes arborescent – he expresses "PMLD" – the pre-X symptomology manifests through Sam's passivity – he becomes passive recipient of specialist interventions by those who understand Sam as a PMLD child. When Sam is situated within rhizomatics, he becomes-Sam, he shakes off his PMLD status and becomes active participant, engaged, social. Sam's mainstream peers do not see PMLD, they see "Sam"- a classroom friend. They interact and connect with their friend. Sam responds back in ways that were never seen in his special school, where he is passive, pre-X, PMLD. How can Sam at once be "PMLD" and "not-PMLD"?

Further elucidation can be achieved by exploring the Deleuzoguattarian concept of the “plane of immanence”.

The plane of immanence is central to Deleuzoguattarian ontology. As Stagoll (2007) explains: the “plane of immanence can be conceived as a surface upon which all events occur ... it represents the field of becoming, a ‘space’ containing all the possibilities inherent in forces” (p. 204). According to Stagoll’s reading, it is on this plane that all possible events are brought together and where new connections between these events are continuously made and dissolved. The plane is a field of possibilities. The concept of a plane of immanence is closely related to the concept of the virtual (the creative) and the actual (the created), as Deleuze (1966) explains: the virtual is what “constitutes the plane of immanence, in which the actual object dissolves”. Whereas the actual is the “product or object of actualisation, actualisation has only the virtual as its subject” – and the real plane of immanence is nothing other than which ‘reconverts object into subject’” (in Hallward, 2006, p. 36). What could such abstract talk of planes of immanence, the virtual, and the actual mean for Sam? It helps to conceptualise the unexpected manifestation where Sam appears to shift from PMLD to not-PMLD. If we conceptualise the plane of immanence as a field of possibilities where creative forces come together at the level of the virtual which can be expressed at the level of the actual (in terms of differential actualities) then we are part of the way there. Hallward (2006) extends this point well. He explains that understanding something as actual means that it exists in the conventional sense of the word; that it can be experienced, perceived, measured, etc. An actual human being is always a particular person, a person with objective qualities, hence a person is the object of actualisation. If something is virtual, it means that it does not share any of these characteristics, its qualities are not objective, i.e. perceptible, measurable etc: “creatings”

make the present but are not themselves present or presentable. “In short, the actual is constituted, the virtual alone is constituent. This is the key to Deleuze’s whole ontology of creation; the one composes, the other is composed” (p. 36). Sam as actual and objective was observed as existing in two very different ways depending in which school he attended. When Sam was in his special school he was typically a passive recipient and presented as being PMLD (to the confirmation of the staff at his special school). When Sam was in his mainstream school he presented as being active participant and displayed observable and measurable manifestations of intersubjective awareness i.e. he was interacting with objects with others. This is not-PMLD for it completely and utterly inverts the pre-X symptomology that is PMLD. If the actual expresses the virtual, then we may say that the different school environments constrained the virtual at different levels. The mainstream school presented as a plane of (creative) immanence, a space full of virtual potentiality, expressed in Sam’s actuality, i.e. his different modes of being, particularly him being not-PMLD. This potentiality was transmitted rhizomatically – the multiple connections between Sam and his class and vice-versa. Sam’s peers had no understanding of “PMLD” or “pre-X symptomology” – in Sam they saw a classroom friend and interacted with him as such. Sam responded with enthusiasm. As the vignettes show, the relationship was mutually reciprocal – both Sam and his peers enjoyed themselves. In contrast, his special school presented as offering the least potentiality. Sam as being-PMLD was subjected to the care, specialist teaching and therapeutic interventions which were deemed appropriate for children with PMLD where such children are conceptualised as embodying the pre-X symptomology. Here Sam became passive recipient. Sam became PMLD.

Implications for policy and practice

The application of Deleuzoguattarian concepts to the empirical study reported here has raised to consciousness questions related to the nature of (profound) disability and the appropriateness of traditional methodologies for research and teaching practice. If the pre-X symptomology emerged as an expression of educational practice, then a reconceptualisation of “PMLD” is required which moves beyond static, child-located deficit approaches towards a model of dynamics which sees difference as rhizomatically situated and contingent on the interactive relations between the one and the many. If disability is conceptualised in this way, then implications for inclusion emerge, especially if we challenge the arborescent, binary models that dominate special educational thinking (inclusion/exclusion, able/disable etc). By reconceptualising inclusive education as a rhizomatic plane of immanence rich with virtual potentiality, we create opportunities to explore the ways in which binary oppositions blur by looking at the interactions that emerge when these elements are juxtaposed. It is here that true creativity is found for we can break off the branches of arborescence piece by piece and reuse these materials in new ways that can further empower people with disabilities.

Bourdieu’s Theory of Practice

This second study (Blackmore, 2008) employed a Bourdieusian analytical framework to understand the data arising from fifteen face-to-face interviews, conducted with people with physical impairments living in the South West of the UK. Pierre Bourdieu (Bourdieu & Wacquant, 2005; Grenfell and James, 1998) created a theory of practice using the notions of field, capital and habitus. For Bourdieu –

“.. human action is constituted through a dialectical relationship between individuals' thought and activity and the objective world. Bourdieu... represents these two as habitus and field respectively.” (Grenfell and James, 1998: 14)

For Bourdieu we live in a world of structured, and structuring, structures. As we enter fields, structured before our field entry, we are structured by those fields, but can also structure the fields in which we play a part. Our habitus is both influenced by, and can influence, the fields within which we act.

This process happens through the exchange of capitals between actors within fields. The capitals explored within this Bourdieusian study were Cultural, Social, Economic and Physical capitals. Bourdieu (1983) defines

- economic capital as immediately and directly convertible into money and may be institutionalized in the forms of property rights;
- cultural capital, which may be institutionalized in the forms of educational qualifications; and
- social capital as made up of social obligations ("connections").

Although Bourdieu does not explicitly describe the notion of physical capital, Shilling (2004) believes

“... specific characteristics of the body can be conceptualised as physical capital... (which) “illuminates the value placed upon the size, shape and appearance of the flesh” (ibid, p.474) and emphasises the significance of the body in acquiring other resources.”

The Study

Over a period of about ten years, following his own impairment acquisition as a result of Multiple Sclerosis, Theo Blackmore mixed in a wide variety of disability-specific fields.

He noticed that within these fields there were two dominant disability discourses in operation. In some fields disabled people were seen as the victims of medical, or tragic, circumstances, and the focus was on fixing, curing or adapting the individual, using disability aids and adaptations, to better integrate into the wider society. In other fields it was society that was seen as the problem, with man-made barriers creating difficulties and problems for people with impairments. The way to increase inclusion of disabled people within this model was to reduce environmental barriers to increase physical accessibility for people with impairments. As he started to read the Disability Studies literature Theo recognised these as the medical and social models of disability.

As a man with Multiple Sclerosis (MS) Theo did not recognise the legitimacy of either discourse as a descriptor of his personal circumstances. There were times when the MS made things very problematic, and when the focus of attention on medical matters seemed appropriate – during visits to the GP, or to physiotherapy, for example. There were also times when it was clear that the built environment made things especially difficult – when trying to climb flights of stairs on the university campus with no handrail, for example.

However there were also times when neither of these things reduced feelings of disability, or increased feelings of being included. For example there were times when Theo needed to get to places that were just too far away for him to be able to get to. No amount of physical training, or environmental alteration, would improve this situation, unless everything was moved right next to him all the time. There were other times when Theo was in a situation but the people who were there changed, and this sometimes resulted in increased, or decreased, feelings of disability or inclusion.

In short the medical and social models of disability individually did not describe the researcher's situation very well. If taken together these understandings of disability went some way towards creating a fuller picture. But this picture still did not go far enough –

there were few, if any, other people in either model, and there was little description of inter-personal interactions. The study's author was especially interested in these social interactions, and for this reason began to look at the theories of social capital. It was through this route that he became interested in the theory of practice of Pierre Bourdieu.

Bourdieu's theory brings together the external, structural world ("Field") with the individual ("Habitus"). Bourdieu also introduces the notion of capital into his theory, to understand how individuals interact ("Social Capital"), the personal skills and qualifications individuals can gain ("Cultural Capital"), the money to which an individual has access ("Economic Capital") and the physicality of an individual in space – his or her body ("Bodily hexis", or "Physical Capital").

In this study Theo conducted face-to-face interviews with fifteen people with physical impairments living in the South West of the UK. He talked with the research participants about their life histories, including the places where they had lived, their educational trajectories, their employment or voluntary work histories, periods of medical intervention, and the places that people went to for social activities. He also talked about the skills and qualifications an individual had attained, as well as the key friendships and personal relationships in the individual's life. These data were subjected to an interpretive data analysis process, using Atlas.ti qualitative data analysis software. Bourdieu's notions of field, capital and habitus were used within this data analysis.

The data arising from this study was incredibly rich and varied immensely from individual to individual. The situated natures of disability, inclusion and exclusion were revealed, together with the complex interactions between field, capital and habitus at each and every moment in an individual's life. The study also brought together individual and structural elements of an individual's life to explain how apparently similar personal situations can produce very different feelings in relation to disability, inclusion and exclusion. Here we

will illustrate some of the specificity of these feelings with some examples from the data. All data have been anonymised.

Some of the people in this study were wheelchair users. For example Adam acquired his impairments as a result of a work-related accident. He describes going out for a meal with some friends –

I was in Hotel C, had some friends staying there... We all went there for a meal and you know Adam is coming in the room, "Oh, excuse me, could you move that table and chair. We've got a wheelchair coming through." You know, I don't want all this crap. Already the whole room's looking at me. [Laughs]

In contrast Todd, also a wheelchair user who acquired his impairments, describes going out to a nightclub with his friends –

.. there's a nightclub in town where they, there's a [pause] it's like a service lift which I can use to get upstairs if I want to or I can sort of be carried upstairs, as well, which I know really bothers some people but it doesn't really bother me, you know. Sort of four people can carry my chair quite easily but, yeah, most people just try and bend over backwards to help I find, yeah.

It is clear from these data that individual attitudes have a role to play in whether someone feels disabled or not by their environment. These individual attitudes are not considered by either the medical or social models of disability but clearly play a large part in individual feelings of disability, inclusion and exclusion.

Some of the research participants had congenital impairments. Again, individual attitudes, as well as other factors not discussed by the medical or social models of disability, played a large part in the data. For example Norman and Trevor both have Cerebral Palsy, both

are aged in their mid-twenties, are single men, and occasional wheelchair users. Trevor describes a holiday he took alone in the Canary Islands –

Anyone that I thought would be worried about me I didn't tell them! (laughs)...

(My friend) was going over there anyway. And mum was going away, so I thought - mum's going away so she can't worry about me if she doesn't know, and (my friend's) over there, so I spoke to him to see if he could be my emergency back up if it all went horribly wrong.

Norman greatly enjoyed this first trip abroad on his own. He found that he had more opportunities to interact with other people, especially young women, who talked to him rather than to the relatives or other people he often travels on holiday with. In contrast to Norman's free spirit, Trevor rarely travels outside his home county –

I went.. I went on the train to Aldershot, this May. Which was very interesting. No help at Reading Station at all, but that's another story (laughs)

It is clear that Norman's travel experiences are very different to those of Trevor. Where one happily travels overseas, the other limits himself to travel in the UK. Individual impairment-related aspects of their situations do not appear to explain these differences, and nor do environmental restrictions or limitations. Previous aspects of their life experiences, together with capital acquisition opportunities, and aspects of their lives not included in this study, such as class and background characteristics, can help explain how and why these two men are so very different in their exhibitions of personal agency.

Finally we discuss two female research participants, Uma and Janet. Both are UK citizens, though they were born and grew up in other countries. Both are now married, aged between thirty and fifty years old, and both use wheelchairs as a result of their MS.

However these two women are very different from each other in many ways. These differences include differences in their attitudes to travelling –

It's definitely different when you're on your own. When I'm going to Turkey in winter time, I'm on my own and it's just a different type of traveling and it's a different type of people you meet and it's just - basically it's a perfect situation if you can do that. But then I've traveled to places like Ecuador or Nepal or whatever and there I think I'm quite grateful to have somebody non-disabled with me because it's, well it's just too much of not wheelchair accessibility there.. Uma

Uma travels overseas to be with her friends, who she describes as “like my family”, or to travel with her husband. She clearly enjoys the new experiences of going to these places. Janet on the other hand, despite a pre-impairment career in the European Union, and despite being involved with motor bike gangs all over Europe before she acquired her impairments, now talks about how her friends come to visit her, rather than her going to visit them –

I still have – from my whole working life I still have a vast array of friends but I'm now relying on them coming to visit me rather than me going out and visiting them. And they are very good. I mean, you know, I'll have regular visitors, almost daily basis, but it's not the same not being able to go out yourself. Janet

Both women are permanent wheelchair users, both have the same medical condition, and both experience a world of steps, kerbs and other obstacles within the built environment. One stays at home, while the other travels the world. Again it is clear that there is more going on here than either the medical or social models of disability can account for.

Bourdieu's analytical framework provides a set of theoretical tools that the researcher found very useful in trying to understand the differences between individuals in terms of

their feelings of disability, inclusion and exclusion. This study revealed the need to include more than individual or structural factors to reach a fuller understanding of these things. Bourdieu reveals the fluidity of notions of disability, inclusion and exclusion, as fields, the other people in the fields, or the individual him or herself each change. Personal interactions, and the capital transactions these interactions entail, add to this fluidity.

Implications for policy and practice

It is clear from this study that individual feelings of inclusion and exclusion, or feelings of disability, can be dependent on environmental, subjective, and inter-subjective factors. Each of these elements can be influenced through policy and practice interventions, including ensuring individual accessibility needs are met; inclusive processes are adopted in educational, employment, voluntary, and social fields; and positive employment policies are used to increase the presence of disabled people as equal and valued community members.

Bourdieu, through his notion of habitus, clearly identified inter-generational processes at work within families, state and educational environments. The notion of a disability habitus, akin to Bourdieu's notion of a class habitus, was not present in this study's data. However the problematic nature of transmitting a habitus that could be aware of notions of disability, inclusion and exclusion through generations of people with impairments was clearly present. The researcher will explore this in more detail through a forthcoming paper, but an immediate practice recommendation would involve organisations of disabled people building historical archives to capture the changing notions of disability, inclusion and exclusion through the ages.

Conclusion

In this paper we have moved away from the dominant Disability Studies discourses – the medical and social models of disability – and embraced other discursive approaches from the fields of Sociology and Philosophy. Each framework has illuminated the world of the research participants in a way which has allowed important knowledge to emerge related to identity and inclusion, and implications for practice have been discussed. Through posing alternative narratives, the existing ‘regimes of truth’ are challenged to enable the possibility of alternative ‘strategies’ and ‘effects’ to emerge, which move beyond ‘simple’ dichotomies of ‘impairment’ or ‘disablism’.

As a collective, the case study participants traditionally represent the world of disability, sharing the common title of ‘disabled’ and embodying the notion of lacking ability, be that learning, sensory, physical, or representational. As individuals, the people at the centre of these studies cannot be subsumed under a common ‘regime of truth’.

The juxtaposition of different theories of practice on to the notion of disability has reconstructed the case-study participants and allowed new ways of thinking about the participants as people, not as ‘disabled’ people, to emerge. When the interrogatory lens is changed, so does the story being told – this also changes understanding of the term ‘disability’ as a post-modern narrative, not as a pre-supposed ‘regime of truth’. The aim of this paper was not to reveal absolute truth, but to understand the research participants from relativist, multi-situated perspectives, allowing alternative stories to be explored other than those offered by deficit-models.

We started from Deleuzoguattarian and Bourdieusian perspectives, but we could just as well have started from a completely different position, with an alternative theoretical standpoint, or research participants, inviting new interpretations of the world of people with impairments. It is the complexity with which we are concerned. Discussions revolving around the concepts of the medical model and social model allow for useful ways of thinking about disability. However, it is the privileging of these models that we reject. The lives of people with impairments are much richer than the literature sometimes suggests and by showing this we hope we can influence new ways of thinking about disability research in the future.

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